



HOMEBUYER ASSISTANCE PROGRAM APPLICATION

Closing Cost Assistance / Down Payment Loan Assistance

(Government-owned properties are not eligible for these programs)

All information requested must be completed and submitted by the lender with original signatures before it can be accepted. The City will accept applications as long as funding for this program is available. By signing this form the applicant is aware their name and property address will be reported in a U.S. Government information system aka Integrated Disbursement & Information System (IDIS) provided by The U.S. Department of Housing and Urban Development. No individual shall be denied services solely on the basis of his or her race, color, national origin, gender, gender identity, religion, age, disability or sexual orientation. Hearing and speech-impaired persons may access the program's number by calling the Federal Relay Service at (800)877-8339. Braille or large print copies of Housing Assistance Program (HAP) documents are available upon request.

Applicant Name/s _____

Mailing Address _____ Zip Code _____

SUBMISSION PACKAGE

- | | |
|---|---|
| <input type="checkbox"/> Lender's Application-1003 | <input type="checkbox"/> Conflict of Interest and Certification of Income Statement |
| <input type="checkbox"/> Loan Estimate Form | <input type="checkbox"/> IRS 4506 T |
| <input type="checkbox"/> Purchase Contract with HAP verbiage | <input type="checkbox"/> Notice to Seller |
| <input type="checkbox"/> Lender Commitment | <input type="checkbox"/> Lead-Based Paint Notice (for homes built prior to 1978) |
| <input type="checkbox"/> Homeownership Training Certificate* | <input type="checkbox"/> Credit Report (must not be older than 60 days) |
| <input type="checkbox"/> VOE/s (all borrowers) | <input type="checkbox"/> 3 yrs. signed 1040s and W-2 forms (all borrowers) |
| <input type="checkbox"/> 60-days-recent pay stubs | <input type="checkbox"/> Appraisal, Termite, TREC Inspection and Survey* |
| <input type="checkbox"/> 6 most recent Bank Statements (all accounts) | <input type="checkbox"/> Divorce Decree, if applicable |
| <input type="checkbox"/> Copy of Driver's License and SSI card (all borrowers) | |
| <input type="checkbox"/> FICA earnings to date from anyone in the household over 18 who report no income (Social Security Office) | |
| <input type="checkbox"/> Child Support Receipt or Non Receipt (Child Support Office) | |

*(*items) May be provided after City commitment, but prior to closing*

HOUSEHOLD PROFILE

Annual Household Income \$ _____ Family Size _____ Physically Challenged _____ (Y/N)

Household Type ____ (1) Single Non-Elderly (2) Elderly (3) Single Parent (4) 2 Parents (5) other

HOUSEHOLD INCOME

APPLICANT

Name _____

Work Phone # _____

Annual Gross Wages \$ _____

Other Income \$ _____

CO-APPLICANT

Name _____

Work Phone # _____

Annual Gross Wages \$ _____

Other Income \$ _____

Income of All Household Members', Age 18 and Above:

Name _____ Income \$ _____ Age _____ Sex _____

Name _____ Income \$ _____ Age _____ Sex _____

Dependents:

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

PROPERTY / INSPECTION INFORMATION

Seller Name _____

Property Address: _____ Zip _____ Year Built _____

Legal Description: Lot(s) _____ Blk _____ Addition: _____

Purchase Price \$ _____ New Const _____ Existing _____ Bedrooms # _____

LOAN INFORMATION

LENDER _____ LOAN AMOUNT _____ LTV _____ %

CONTACT _____ INTEREST RATE _____ % TERM: _____ YRS.

EMAIL _____

ADDRESS _____

MONTHLY PAYMENT: \$ _____ P&I

CITY _____ ZIP _____

\$ _____ TAXES

PHONE: _____ FAX: _____

\$ _____ HAZARD

HOUSING RATIO _____ %

DEBT RATIO: _____ %

\$ _____ FLOOD

\$ _____ MIP/PMI

TOTAL \$ _____

(MUST BE BETWEEN 20% AND <30%)

(MUST BE <41%)

NEW CONSTRUCTION-QUALIFYING RATIOS CANNOT EXCEED 32/43%

TITLE COMPANY INFORMATION

NAME _____ CONTACT PERSON _____

ADDRESS _____ ZIP _____

PHONE _____ EMAIL _____

APPLICANT/S DECLARATIONS

APPLICANT MUST INITIAL THE APPROPRIATE CATEGORIES BELOW:

- Property is vacant _____ owner occupied _____ applicant occupied _____ (rented property not eligible).
- Property is a single unit. _____
- Applicant(s) will live in the unit as principal residence. _____
- Applicant(s) has not owned a house in the past three (3) years. _____
- Applicant (s) using applicants own cash resources to pay for the first \$1,000 or 2% of the purchase price. _____
- Applicant(s) is aware that a five-year lien for Closing Costs Assistance and Down Payment Assistance Loan will be placed on the property. _____
- Applicant(s) is aware that the five-year lien for Closing Costs Assistance and Down Payment has a \$0.00-0% interest payback as long as applicant occupies the residence. _____
- Applicant(s) is aware in the event the property is sold, transferred, foreclosed, or the applicant ceases to occupy the residence as a primary residence any portion of the above mentioned liens not forgiven would become due and payable to the City of Fort Worth. _____
- Applicant has filled out and signed the Conflict of Interest and Certification of Income Statement. _____
- Do you have an immediate family member currently employed by the City of Fort Worth or who has worked for the City in the past year or who is an elected or appointed City official? YES () NO () If yes, in what Department? _____

Immediate family member: Spouse, Son, Daughter, Mother, Father, Mother-in-Law, Father-in-Law, Brother, Sister

Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.



HOME BUYER ASSISTANCE PROGRAM REQUEST FOR SUBSIDY

Title Co: _____ Address: _____ State _____ Zip _____

Property Address _____ P.O.# _____

CLOSING COST/DEFERRED PAYMENT LOAN REQUEST

CLOSING COST ASSISTANCE (Maximum Available \$3,000)
UPMIP AMOUNT TO BE PART OF THE CLOSING COSTS

CCA AMOUNT \$ _____
UFMIP AMOUNT \$ _____

(City only) APPROVED AMOUNT \$ _____

SUMMARY OF CLOSING COSTS REQUESTED

Origination Fee (Not to exceed 1% origination and 1% discount, no more than 2% total)	\$ _____
Processing Fee (not to exceed \$500.00)	\$ _____
Upfront MIP/PMI	\$ _____
Appraisal (Not to exceed \$400.00)	\$ _____
Mortgage Title Policy	\$ _____
Attorney's Fees (Not to exceed \$250)	\$ _____
Recording Fees	\$ _____
Termite Inspection (Not to exceed \$80)	\$ _____
Survey	\$ _____
Credit Report	\$ _____
Prepaid Interest (Not to exceed 30 days)	\$ _____
Hazard Insurance (First Year)	\$ _____

Total \$ _____

* Any paid out of pocket expenses (POC's-B) will be applied to Applicant's minimum contribution.

DOWN PAYMENT/DEFERRED PAYMENT LOAN ASSISTANCE **REQUEST AMOUNT \$ _____**

PITI MAY NOT BE LESS THAN 20% NOR MORE THAN 30% OF APPLICANT'S MONTHLY INCOME FOR NEW CONSTRUCTION AND FHA LOANS PITI MAY NOT BE LESS THAN 20% & NO MORE THAN 32%

(City only) APPROVED AMOUNT \$ _____

*Closing Cost and Deferred payment loans are subject to a five-year affordability term. When the property has been the homeowners' principal residence for the five-year term, the lien will be forgiven. The closing cost and deferred payment loan will be subject to the recapture provisions set for the in the note and deed of trust. The City of Fort Worth reserves the right to protect its interest. **Funds will be released to the title company upon exchange of all signed documents.***

The information presented is true and correct to the best of my/our knowledge.

Applicant Name/s: _____ Property Address _____

Applicant Signature _____ Co-Applicant _____

Lender's Signature _____ Date _____

For City Use Only

Account # _____ Total Amt approved \$ _____

Authorized Signature _____ Date _____

City of Fort Worth (HAP)

CERTIFICATION OF INCOME STATEMENT

Applicant Name: _____
Current Address: _____ Phone #: _____
City and Zip: _____

Household Members and Income (Including applicant)

Last Name	First Name	Age	Monthly Income \$	Source of Income: (employment, self-employment, child support or other income must be disclosed of all household members 18 yrs. or older)

TOTAL NUMBER OF FAMILY MEMBERS _____ (Include Yourself, Spouse, Children, etc.)

Total Gross Annual Household Income: _____

PERSONAL INFORMATION: (Check one in each item. This Information is required for Federal Reporting Purposes)

- a. ☐ MALE b. ☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ BLACK/AFRICAN AMERICAN & WHITE
☐ FEMALE ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN
☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE ☐ ASIAN & WHITE
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ BALANCE/OTHER
☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
- c. ETHNICITY d. DISABLED e. IS HEAD OF HOUSEHOLD FEMALE?
☐ HISPANIC ☐ YES ☐ YES
☐ NON-HISPANIC ☐ NO ☐ NO

Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Signature of Applicant

Date

Signature of Co-Applicant

Date

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For use by agency staff:

Household Size: _____ Gross Annual Income: _____

Applicable Income Limit: _____ Is Applicant Eligible? _____

Person Making Determination: _____ Date: _____

NOTE: Address, income amounts and sources for ALL household members are required.